



**NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
SUPERFUND BRANCH
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601-1190
(502) 564-6716**

**APPLICATION TO ENTER
VOLUNTARY ENVIRONMENTAL
REMEDiation PROGRAM**

**DEP 6059
October 22, 2003**

The NREPC does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the employment or provision of services. Upon request, the NREPC will provide reasonable accommodations including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in programs and activities. To request an alternate format for this registration, contact the Superfund Branch at (502) 564-6716.

INSTRUCTIONS

Carefully read each of the following application requirements. Type or print your responses legibly in indelible ink.

Eligibility Requirements:

Check the applicable box for each item below. If you answer yes to any of the five (5) questions below, this property is **not** eligible to enter into the Voluntary Environmental Remediation Program.

☐ Yes ☐ No Is this property a radioactive material facility licensed under KRS 211.842 to 211.852 and the administrative regulations promulgated under these sections?

☐ Yes ☐ No Is this property part of or does it contain a site which is on the National Priorities List established by the United States Environmental Protection Agency?

☐ Yes ☐ No Is this property part of or does it contain a hazardous waste treatment, storage, or disposal facility for which a permit has been issued, or the site is otherwise the subject of hazardous waste closure or corrective action pursuant to KRS 224.46-520 or KRS 224.46-530?

☐ Yes ☐ No Is this property or site the subject of state or federal environmental enforcement action relating to the release, for which the application is submitted?

☐ Yes ☐ No Does this property or site present an environmental emergency, as defined in KRS 224.01-400?

Check each box provided to ensure the requirements are met as you complete them.

Application Requirements:

☐ All items in the application must be answered. Failure to answer any item will result in the return of this application for completion. If an item is not applicable to your facility, write "N/A".

☐ All attachments must be numbered and submitted with this application to prevent delays in processing.

☐ The statutes and regulations that apply to the Voluntary Environmental Remediation Program include, but are not limited to, the following: KRS 224.01-400 and KRS 224.01-405. Copies of statutes and regulations can be ordered by calling the Program Planning and Administration Branch at (502) 564-6716. Statutes and regulations are also available at the following website address: www.lrc.state.ky.us/home.htm.

☐ Include a check or money order, if required, for the application fee.

Submit the original and two copies of the completed application and all attachments to the Superfund Branch.

All signatures on the original application must be original.

*****For Office Use Only*****

Incident ID _____

MARS Function Code _____

Project Manager _____

Check # _____

Amount \$ _____

**APPLICATION TO ENTER
VOLUNTARY ENVIRONMENTAL REMEDIATION PROGRAM**

Section 1. Property Name and Location

1. This application is a: ☐ New Submittal ☐ Resubmittal
2. Property Name _____
3. Property Location _____
(street or physical location only – no P. O. Box numbers)
4. City _____
County _____
5. Zip _____
6. _____
7. Enter the Latitude and Longitude of the property using degrees, minutes, seconds, and/or decimal degrees to 6 places to the right of the decimal point. Use the following hierarchy to determine where to obtain the reading:
 - First Choice: Near the front door of the facility's on-property, main office;
 - Second Choice: If there is not a main office on the property, then at the facility's front entrance (gate);
 - Last Choice: If there is not a main office on the facility's property or an identifiable front entrance, then the lat/long should be collected at the approximate center of all of property (determined by using best judgment).

Degrees, Minutes, Seconds

Latitude _____ ° _____ ' _____ " Longitude – _____ ° _____ ' _____ "

AND/OR

Decimal Degrees

Latitude _____ • _____ Longitude – _____ • _____

8. Indicate the method used to determine Latitude and Longitude by checking the appropriate box below.
Check only one box.

- ☐ ADD – Street Segment Geocoding
- ☐ DOQ – Digital Aerial Photo
- ☐ DRG – Digital Topo Map

- ☐ G90 – GPS +/- 90 Meters
- ☐ GP0 – DGPS +/- <5 Meters
- ☐ INT – Map Interpolation

- ☐ G40 – GPS Point Average +/- 40 Meters ☐ SUR - Survey

Section 1. Property Name And Location (Continued)

9. Include one (1) current U.S.G.S. 7.5 minute topographic map (or a copy of a portion thereof) with an outline of the property with each copy of the application. If a portion of a map is submitted, it should be produced at the same scale (1:24,000) as the original, and should include the name of the USGS topographical map from which it comes. Do not send aerial photographs in lieu of topographic maps. **LABEL AS ATTACHMENT 1.** Maps may be ordered by calling Map Sales at (859) 257-5500.
10. Indicate the intended future land use(s) for this property.

Section 2. Contact Information

Applicant

11. Applicant Name (print) _____
(Person applying to enter a property into the program.)
12. Contact Person (print) _____
13. Mailing Address _____
14. City _____ 15. State _____ 16. Zip _____
17. Phone Number (_____) _____ - _____ 18. Fax Number (_____) _____ - _____
19. E-Mail Address _____
20. Relationship of applicant to property (***check only one box***):
- ☐ owner ☐ lessee ☐ prospective purchaser ☐ other (specify) _____
21. If the applicant is not the owner, provide documentation that the applicant has legal right of access to the property. **LABEL AS ATTACHMENT 2.**

Current Owner

22. Current Owner (print) _____
23. Contact Person (print) _____
24. Mailing Address _____
25. City _____ 26. State _____ 27. Zip _____
28. Phone Number (_____) _____ - _____ 29. Fax Number (_____) _____ - _____

30. E-Mail Address _____

Section 2. Contact Information (Continued)

Environmental Consultant (if applicable)

31. Consulting Firm (print) _____

32. Contact Person (print) _____

33. Mailing Address _____

34. City _____ 35. State _____ 36. Zip _____

37. Phone Number (_____) _____ - _____ 38. Fax Number (_____) _____ - _____

39. E-Mail Address _____

Legal Representative (if applicable)

40. Legal Firm (print) _____

41. Contact Person (print) _____

42. Mailing Address _____

43. City _____ 44. State _____ 45. Zip _____

46. Phone Number (_____) _____ - _____ 47. Fax Number (_____) _____ - _____

48. E-Mail Address _____

Section 3. Site History

List the known history of the site, beginning with the current use and continuing chronologically backwards. Indicate any known use, storage or disposal of commercial chemical products, hazardous materials, hazardous substances, petroleum or petroleum products on the property. If additional space is needed, provide the information and **LABEL AS ATTACHMENT 3**.

49. Name _____ of _____ Owner/Operator

Dates of Usage _____ / _____ / _____ TO **PRESENT**

State what the property is currently used for _____

NAICS Code(s) _____

Commercial chemical products, hazardous materials, hazardous substances, petroleum or petroleum products used, stored or disposed on the property _____

Section 3. Site History (Continued)

50. Name _____ of _____ Owner/Operator _____
Dates of Usage _____

_____/_____/_____ TO ____/____/____

State what the property was used for _____

NAICS Code(s) _____

Commercial chemical products, hazardous materials, hazardous substances, petroleum or petroleum products
used, stored or disposed on the property _____

51. Name _____ of _____ Owner/Operator _____

Dates of Usage ____/____/_____ TO ____/____/____

State what the property was used for _____

NAICS Code(s) _____

Commercial chemical products, hazardous materials, hazardous substances, petroleum or petroleum products
used, stored or disposed on the property _____

52. Name _____ of _____ Owner/Operator _____

Dates of Usage ____/____/_____ TO ____/____/____

State what the property was used for _____

NAICS Code(s) _____

Commercial chemical products, hazardous materials, hazardous substances, petroleum or petroleum products

used, stored or disposed on the property_____

Section 4. Regulatory Classification

53. Was hazardous waste generated or otherwise managed on the property? ☐ Yes ☐ No

If yes, provide EPA ID # _____

54. Are there known petroleum storage tanks on the property that fall under Subchapter 60 of KRS Chapter 224 and 401 KAR Chapter 42? ☐ Yes ☐ No
If so, list UST ID numbers. If there are more than four (4) UST ID numbers, provide the additional information and **LABEL AS ATTACHMENT 4.**

UST ID # _____

UST ID # _____

UST ID # _____

UST ID # _____

55. Publish a notice using the public notice **ADDENDUM**. Provide a tear sheet and affidavit of publication and **LABEL AS ATTACHMENT 5.**

56. Have the chief executives of the local government units, in which the property or site is located, been notified of this application? ☐ Yes ☐ No If so, write in the names below.

Name of city chief executive _____

Name	of	county	chief	executive

Include copies of the cover letters used to convey the documents to the chief executives and **LABEL AS ATTACHMENT 6.**

57. Has a copy of the application been placed in the local public library? ☐ Yes ☐ No

SECTION 5. PRELIMINARY CHARACTERIZATION PLAN

58. Provide a map of the facility, which shall be of sufficient detail and accuracy to show a distance of at least 1,000 feet around the property at a scale no smaller than one inch equal to 200 feet. The map shall include:
- Map scale, north arrow orientation, date, and symbol legend
 - Boundary lines of the property, with the owners of adjacent properties clearly indicated, if reasonably identifiable
 - Surrounding land uses (e.g., residential property, industrial/commercial property, agricultural property, and conservation property)
 - Structures on the property

- Neighboring roads
- Surface water bodies
- Underground Storage Tanks
- Aboveground Storage Tanks
- Known areas of concern on the property that represent confirmed, suspected, or potential releases
- Other natural or man-made features relevant to the characterization of the property.

LABEL AS ATTACHMENT 7.

Section 5. Preliminary Characterization Plan (Continued)

59. For each identified area of concern, state
- Activities conducted at that location on the property
 - Products used for said activities
 - Resulting waste material from said activities
 - If the release is confirmed or not. If the release is a confirmed release, include documentation.
- LABEL AS ATTACHMENT 8.**
60. Include complete copies of any environmental investigations already conducted of the property.
LABEL AS ATTACHMENT 9.

Section 6. Application Fee

61. What is the total area of the property? _____ acres
62. A political subdivision of the state, and its agencies and instrumentalities, shall be exempt from paying the fee for properties that are publicly owned. Is the applicant a public entity that is exempt from paying the application fee for this property? ☐ Yes ☐ No
If yes, submit a copy of the deed and **LABEL AS ATTACHMENT 10.**
63. Based on the chart below, include the appropriate, non-refundable application fee by attaching a check or money order to the application. **Check or money order made payable to *Kentucky State Treasurer.***

A political subdivision of the state, and its agencies and instrumentalities, for publicly owned properties	Exempt
Properties up to three (3) acres in size	\$1,000
Properties greater than three (3) acres but less than 10 acres in size	\$2,500
Properties 10 acres or larger	\$3,500

Section 7. Certification Statement

"I certify under penalty of law that :

- **This property is *not* a radioactive material facility licensed under KRS 211.842 to 211.852 and the administrative regulations promulgated under these sections.**
- **This property is *not* part of *nor* does it contain a site which is on the National Priorities List established by the United States Environmental Protection Agency.**
- **This property is *not* part of *nor* does it contain a hazardous waste treatment, storage, or disposal facility for which a permit has been issued, or the site is otherwise the subject of hazardous waste closure or corrective action pursuant to KRS 224.46-520 or KRS 224.46-530.**
- **This property or site is *not* the subject of state or federal environmental enforcement action relating to the release, for which the application is submitted.**
- **This property or site does *not* present an environmental emergency, as defined in KRS 224.01-400.**

I certify under penalty of law that the information contained in this document and all attachments is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information."

Applicant or legally authorized representative (print) _____

Signature _____

Subscribed and sworn to before me this _____ day of _____ Year _____

Notary Public Signature _____

State of _____ County of _____ My commission expires _____

"I certify under penalty of law that the information contained in this document and all attachments is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information."

Property Owner (if different from applicant) (print) _____

Signature _____

Subscribed and sworn to before me this _____ day of _____ Year _____

Notary Public Signature _____

State of _____ County of _____ My commission expires _____

ADDENDUM

1. Fill in all blanks.
2. Submit this notice for publication to the newspaper of largest circulation in the county in which the property is located.
3. Inform the newspaper that the public notice shall be of a size to include not less than two (2) column widths for advertising and shall be in a display format.
4. Request a tear sheet and affidavit of publication from the newspaper publishing the notice. The tear sheet and affidavit must be submitted to the Division of Waste Management along with your completed application. **LABEL AS ATTACHMENT 5.**

PUBLIC NOTICE

_____ is applying to the Kentucky Division of Waste
(applicant)

Management to enter Kentucky's Voluntary Environmental Remediation Program for a parcel of land, known as

_____, located at _____, _____.
(property name) (street address) (city)

_____ intends to submit an application to the Division in
(applicant)

_____ of 20 _____.
(month) (year)

A copy of the application will be available for review at the Division of Waste Management's Frankfort office between 8:30 a.m. and 4:00 p.m. weekdays by appointment only. To make an appointment, submit a written request to: Records Custodian, Division of Waste Management, 14 Reilly Road, Frankfort, KY 40601 at least 72 hours prior to the desired review date. The application can also be reviewed

at the _____
(name of library)

located at _____, _____.
(library street address) (city)

Comments or questions may be submitted to VERP Coordinator, Superfund Branch, Division of Waste Management, 14 Reilly Road, Frankfort, KY 40601, (502) 564-6716 (voice), (502) 564-5096 (fax).

The Kentucky Division of Waste Management does not discriminate on the basis of race, color, national

origin, sex, religion, age, or disability in the employment or provision of services. Upon request, the Division of Waste Management will provide reasonable accommodations including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in programs and activities. To request auxiliary aids or services to participate in public review and comment on the application referenced in this notice, contact the Superfund Branch at (502) 564-6716.